

General Comments on 3rd Quarter 2021 Data

The following general comments about the data for this quarter are made by THCIC and apply to all data released for this quarter.

- Data are administrative data, collected for billing purposes, not clinical data.
- Data are submitted in a standard government format, the 837 format used for submitting billing data to payers. State specifications require the submission of additional data elements. These data elements include race and ethnicity. Because these data elements are not sent to payers and may not be part of the hospital's standard data collection process, there may be an increase in the error rate for these elements. Data users should not conclude that billing data sent to payers is inaccurate.
- Hospitals are required to submit the patient's race and ethnicity following categories used by the U. S. Bureau of the Census. This information may be collected subjectively and may not be accurate.
- Hospitals are required to submit data within 60 days after the close of a calendar quarter (hospital data submission vendor deadlines may be sooner). Depending on hospitals' collection and billing cycles, not all discharges may have been billed or reported. Therefore, data for each quarter may not be complete. This can affect the accuracy of source of payment data, particularly self-pay and charity categories, where patients may later qualify for Medicaid or other payment sources.
- Conclusions drawn from the data are subject to errors caused by the inability of the hospital to communicate complete data due to reporting form constraints, subjectivity in the assignment of codes, system mapping, and normal clerical error. The data are submitted by hospitals as their best effort to meet statutory requirements.

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PROVIDER: Palestine Regional Medical Center

THCIC ID: 629001

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PROVIDER: TMC Bonham Hospital

THCIC ID: 106001

Certified as accurate

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PROVIDER: United Memorial Medical Center

THCIC ID: 030000

Certify

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PROVIDER: United Memorial Medical Center North Hospital

THCIC ID: 975402

(Removed by THCIC)

*Potential confidential information removed by THCIC.

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PROVIDER: United Memorial Medical Center Sugar Land Hospital

THCIC ID: 975780

Certify

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PROVIDER: Encompass Health Rehab Hospital The Woodlands

THCIC ID: 695000

3 E-637 invalid PT ssn
no Personal Identifiable Information (PII)

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PROVIDER: Adventhealth Central Texas
THCIC ID: 397001

Corrected to the best of my ability.

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PROVIDER: Metropolitan Methodist Hospital
THCIC ID: 283000

E- 618 - Principal Procedure Date earlier than 3 days before Admit Date or after
Statement Thru Date: Error must remain due to specific coding and billing practices.
All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: Kindred Hospital Sugar Land
THCIC ID: 792700

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referrals are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 183 records are correctly reported.

(Removed by THCIC)

*Potential confidential information removed by THCIC.

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PROVIDER: Kindred Hospital-San Antonio

THCIC ID: 645000

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 188 records are correctly reported as Elective.

(Removed by THCIC) Kindred Healthcare

*Potential confidential information removed by THCIC.

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PROVIDER: Kindred Hospital Houston NW

THCIC ID: 706000

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 137 records are correctly reported as Elective.

(Removed by THCIC) Kindred Healthcare

*Potential confidential information removed by THCIC.

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PROVIDER: Kindred Hospital-Houston Medical Center

THCIC ID: 676000

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are solely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 228 records are correctly reported as Elective.

(Removed by THCIC) Kindred Healthcare

*Potential confidential information removed by THCIC.

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PROVIDER: Kindred Hospital-Tarrant County

THCIC ID: 690000

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are solely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 109 records are correctly reported as Elective.

(Removed by THCIC) Kindred Healthcare

*Potential confidential information removed by THCIC.

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PROVIDER: Kindred Hospital Tarrant County Fort Worth SW

THCIC ID: 800000

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are solely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 188 records are correctly reported as Elective.

(Removed by THCIC) Kindred Healthcare

*Potential confidential information removed by THCIC.

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PROVIDER: Kindred Hospital San Antonio Central

THCIC ID: 975155

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are solely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referrals are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 143 records are correctly reported.

(Removed by THCIC)

*Potential confidential information removed by THCIC.

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PROVIDER: Central Texas Rehab Hospital

THCIC ID: 854400

Kindred Hospital is a Rehabilitation hospital that provides an hospital level of care and services to patient requiring Rehabilitation hospitalization. Kindred hospital admissions are solely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 191 records are correctly reported.

(Removed by THCIC)

*Potential confidential information removed by THCIC.

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PROVIDER: Kindred Hospital El Paso

THCIC ID: 727100

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 108 records are correctly reported as Elective.

(Removed by THCIC) Kindred Healthcare

*Potential confidential information removed by THCIC.

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PROVIDER: Kindred Hospital Dallas Central

THCIC ID: 914000

Kindred Hospital is a long term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referrals are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 136 records are correctly reported.

(Removed by THCIC)

*Potential confidential information removed by THCIC.

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PROVIDER: Kindred Hospital Clear Lake

THCIC ID: 720402

Kindred Hospital is a long –term care hospital that provides an acute hospital level of care and services to patient requiring a long hospitalization. Kindred hospital admissions are sorely based on referrals from various health care settings; such as: short term acute care; skilled nursing; sub-acute and in some cases direct admits from home. All referral are screen by our centralized admission department prior to admission and scheduled for admission at least 24 hours in advance. Therefore, all 171 records are correctly reported as Elective.

(Removed by THCIC) Kindred Healthcare

*Potential confidential information removed by THCIC.

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PROVIDER: Valley Baptist Medical Center

THCIC ID: 400000

DRA Unable to correct these accts pending correction for condition codes.

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PROVIDER: UT Health East Texas Rehabilitation Hospital

THCIC ID: 975301

Certification contains one invalid social security number.

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PROVIDER: Nacogdoches Medical Center

THCIC ID: 392000

certified

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PROVIDER: Arise Austin Medical Center

THCIC ID: 973290

To the best of my knowledge data is valid and accurate

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PROVIDER: Baptist St Anthony's Hospital

THCIC ID: 001000

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes.

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PROVIDER: Methodist Specialty & Transplant Hospital

THCIC ID: 154001

E- 618 - Principal Procedure Date earlier than 3 days before Admit Date or after

Statement Thru Date: Error must remain due to specific coding and billing practices

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered or patient left prior to physician evaluation

E -672 Invalid Revenue Procedure Code: Revenue procedure code must remain after review of bill and correct as entered

All errors have been reviewed and corrected to the best of the facilities ability.

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PROVIDER: Northeast Methodist Hospital

THCIC ID: 154002

E 693 - Invalid Operating Practitioner Identifier - Unable to locate operating procedure(s) performed, no operating physician listed

E 672 - Invalid Revenue Procedure Code: Revenue procedure code must remain after review of bill and correct as entered

All errors have been reviewed and corrected to the best of the facilities ability

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PROVIDER: North Central Baptist Hospital

THCIC ID: 677001

I hereby certify 3rd quarter 2021 IP. 5599 encounters. (Removed by THCIC),
Director Revenue Analysis at North Central Baptist Hospital.

*Potential confidential information removed by THCIC.

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PROVIDER: CHI St Lukes Health - Memorial Livingston

THCIC ID: 466000

National IT Certifying the data. Not Local Market.

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PROVIDER: CHI St Lukes Health Memorial San Augustine

THCIC ID: 072000

National IT certifying the data. Not local market.

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PROVIDER: CHI St Lukes Health Memorial Lufkin

THCIC ID: 129000

National IT certifying the data. Not the local market.

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PROVIDER: St Davids South Austin Hospital

THCIC ID: 602000

W 650 - Date of Birth not = Admission Date and Admission Type = Newborn: Patient DOB correct as entered. Review of UB04 and coding summary show admission date and type correct as entered.

W 653 - Patient Birth Date Not = Admission Date and (Principal Diagnosis = Newborn or Admission Type = Newborn): Patient DOB correct as entered. Review of UB04 and coding summary show principal diagnosis and admission type correct as entered.

E 672 Invalid Revenue Procedure Code: Revenue procedure code must remain after review of bill, correct as entered

All errors have been reviewed and corrected to the best of the facilities ability

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PROVIDER: Round Rock Medical Center

THCIC ID: 608000

E- 690 - Invalid Physician 2 (ED Attending) Identifier for ED claim: All claims reviewed, NPI# for ER physicians group correct as entered, patient(s) left prior to physician evaluation, or physician unknown

E - 672 Invalid Revenue Procedure Code: Revenue procedure code must remain after

review of bill, correct as entered

All errors have been reviewed and corrected to the best of the facilities
ability

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PROVIDER: St Davids Hospital

THCIC ID: 035000

E- 618 - Principal Procedure Date earlier than 3 days before Admit Date or after
Statement Thru Date: Error must remain due to specific coding and billing practices

E- 617 - Other Procedure Date earlier than 3 days before Admit Date or after
Statement Thru Date: Error must remain due to specific coding and mock billing practices

E - 672 Invalid Revenue Procedure Code: Revenue procedure code must remain after review
of bill, correct as entered

All errors have been reviewed and corrected to the best of the facilities ability

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PROVIDER: North Austin Medical Center

THCIC ID: 829900

E- 725 - Missing patient address line 1: unable to identify based off of patient admission,
patient did not provide, or chose not to provide information

E- 672 Invalid Revenue Procedure Code: Revenue procedure code must remain after review
of bill, correct as entered

All errors have been reviewed and corrected to the best of the facilities ability

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PROVIDER: Methodist Hospital

THCIC ID: 154000

E- 617 - Other Procedure Date earlier than 3 days before Admit Date or after

Statement Thru Date: Error must remain due to specific coding and mock billing practices

E- 618 - Principal Procedure Date earlier than 3 days before Admit Date or after

Statement Thru Date: Error must remain due to specific coding and billing practices

E-652 - Admission Type = Newborn and Principal Diagnosis Not = Newborn: review of coding summary and UB04 show admission type and principal diagnosis correct as entered

672 Invalid Revenue Procedure Code: Revenue procedure code must remain after review of bill, correct as entered

All errors have been reviewed and corrected to the best of the facilities ability

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PROVIDER: Physicians Surgical Hospital-Panhandle Campus

THCIC ID: 852901

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes. No errors detected on the certification report.

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PROVIDER: Physicians Surgical Hospital-Quail Creek

THCIC ID: 852900

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes. No errors detected on the certification report.

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PROVIDER: Nocona General Hospital

THCIC ID: 348000

Patient totals may not be comparable to recent quarters because of Covid the doctors were behind and therefore not all patient records were coded and ready to be reported. The majority of them were ready however and have been reported.

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PROVIDER: Reeves County Hospital

THCIC ID: 367000

Three Claims accepted as is due to birth date and after statement date.

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PROVIDER: Wilson N Jones Regional Medical Center

THCIC ID: 297000

Unable to identify claim level errors in order to correct. System provided type of error, but not claim level information for correction. Errors listed are typos from staff manually entering claims.

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PROVIDER: Mayhill Hospital

THCIC ID: 831700

I have reviewed all claims.

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PROVIDER: University Behavioral Health-Denton

THCIC ID: 826800

I have reviewed all claims.

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PROVIDER: El Paso LTAC Hospital

THCIC ID: 841300

CERTIFY 2021 3Q DATA

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PROVIDER: Baylor Scott & White Medical Center Hillcrest

THCIC ID: 506001

Baylor Scott & White Medical Center Hillcrest

THCIC ID 506001

3rd Qtr 2021 – Inpatient

Accuracy rate – 99.95%

Errors from the 3rd Quarter FER reflect the following error codes E-617 and E-763.

Procedure date verified in hospital system , reported as posted

Invalid POA verified, reported as posted.

Errors will stand “as reported”.

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PROVIDER: Baylor Scott & White Medical Center Lakeway

THCIC ID: 975165

Baylor Scott & White Medical Center Lakeway

THCIC ID 975165

3rd Qtr 2021 Inpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: Knapp Medical Center

THCIC ID: 480000

3Q2021 Certification of Data

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PROVIDER: Ascension Seton Highland Lakes

THCIC ID: 559000

"Seton Highland Lakes, a member of the Seton Family of Hospitals, is a 25-bed acute care facility located between Burnet and Marble Falls on Highway 281. The hospital offers 24-hour emergency services, plus comprehensive diagnostic and treatment services for residents in the surrounding area. Seton Highland Lakes also offers home health and hospice services. For primary and preventive care, Seton Highland Lakes offers a clinic in Burnet, a clinic in Marble Falls, a clinic in Bertram, a clinic in Lampasas, and a pediatric mobile clinic in the county. This facility is designated by the Center for Medicare & Medicaid

Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access designation program. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 0 errors on 170 inpatient claims were unable to be corrected prior to certification.

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PROVIDER: St Joseph Medical Center

THCIC ID: 838600

St. Joseph Medical certify 3rd Quarter 2021. We have 100% accuracy rate for inpatient.

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PROVIDER: HCA Houston Healthcare Northwest

THCIC ID: 229000

All errors corrected to the best of the facility's ability.

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PROVIDER: University Medical Center

THCIC ID: 145000

Data represents information at the time of submission. Subsequent changes may continue to occur which will not be reflected in this published dataset. UMC works continually to minimize and rectify errors in our public reporting.

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PROVIDER: Texas Health Center-Diagnostics & Surgery Plano

THCIC ID: 815300

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit inpatient claims, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes, however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0.

In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes.

As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Admit Source data for Normal Newborn

When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source.

Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify

neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Corpus Christi Medical Center-Bay Area

THCIC ID: 703000

errors related to physician names interface issues

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PROVIDER: The Hospitals of Providence Spine & Pain Management Center

THCIC ID: 975803

No comments needed

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PROVIDER: The Hospitals of Providence East Campus

THCIC ID: 865000

No comments needed.

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PROVIDER: Texas Institute for Surgery-Texas Health Presbyterian-Dallas

THCIC ID: 813100

The Q3 2021 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type Etc. All corrections complete

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PROVIDER: UT Health East Texas Carthage Hospital

THCIC ID: 975294

No errors

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PROVIDER: HCA Houston Healthcare Tomball

THCIC ID: 076000

Corrected to the best of our ability at the time of certification.

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PROVIDER: Texas Health Huguley Hospital

THCIC ID: 047000

The following comments reflect concerns, errors, or limitations of discharge data for THCIC mandatory reporting requirements as of April 15, 2022. If any errors are discovered in our data after this point, we will be unable to communicate these due to THCIC rules. This data is administrative data, which hospitals collect for billing purposes, and not clinical data, from which you can make judgments about patient care.

Submission Timing

To meet the States submission deadline, approximately 30 days following the close of the calendar year quarter, we submit a snapshot of billed claims, extracted from our database. Any discharged patient encounters no billed by this cut-off date will not be included in the quarterly submission file sent in.

Diagnosis and Procedures

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed which can alter the true picture of a patient's hospitalization, sometimes significantly.

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using a ICD-10-CM effective 10-1-2015. This is mandated by the federal government and all hospitals must comply.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code as many as 25 diagnoses and 25 procedures for each patient record. One limitation of using the ICD-10-CM is that there does not exist a code for every possible diagnosis and procedure due to the continued evolution of medicine; new codes are added yearly as coding manuals are updated.

There is no mechanism provided in the reporting process to factor in DNR (Do Not Resuscitate) patients. Any mortalities occurring to a DNR patient are not recognized separately; therefore, mortality ratios may be accurate for reporting standards but overstated.

Physician

While the hospital documents many treating physicians for each case, the THCIC minimum data set has only (2) physician fields, Attending and Operating Physicians. Many physicians provide care to patients throughout a hospital stay. Consulting physicians may prescribe and treat patients on behalf of the physician listed as the Attending. "Other" physician case volumes, mortality, case costs and LOS, will frequently be inaccurate because of this limitation.

Analysis of "Other physician" information should, therefore, take into consideration that a significant portion of treating physicians are excluded from the patient cases.

In our continuous efforts to monitor our data for accuracy we have found some disparity with our ethnicity volume compared to a population sampling. To correct reporting the patient access team has undergone additional education to ensure fields are appropriately identified at all points of registration.

Due to hospital volumes, it is not feasible to perform encounter level audits and edits. All known errors have been corrected to the best of our knowledge.

Within the constraints of the current THCIC process, the data is certified to the best of our knowledge as accurate and complete given the above comments.

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PROVIDER: JPS Health Network - Trinity Springs North

THCIC ID: 975121

John Peter Smith Hospital (JPSH) is operated by JPS Health Network under the auspices of the Tarrant County Hospital District. The JPS Health Network is accredited by the Joint Commission. In addition, JPSH holds

Joint Commission accreditation as a hospital.

JPSH is the only Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only psychiatric emergency center in the county. The hospital's services include intensive care for adults and newborns, an AIDS treatment center, a full range of obstetrical and gynecological services, adult inpatient care and an inpatient mental health treatment facility.

JPSH is a major teaching hospital offering, or providing through co-operative arrangements, postdoctoral training in orthopedics, obstetrics and gynecology, psychiatry, surgery, oral

and maxillofacial surgery, radiology, sports medicine, podiatry and pharmacy. The family medicine residency is the largest hospital-based family medicine residency program in the nation.

In addition to JPSH, the JPS Health Network operates community health centers located in medically underserved areas of Tarrant County; school-based health clinics; outpatient programs for pregnant women, behavioral health and cancer patients; and a wide range of wellness education programs.

JPSH has confirmed that for errors related to "Other Procedure Date must be on or after the 3rd day before the Admission Date", patient was in observation status at the time of the procedure. Procedure date and time are accurate based on when the procedure was completed.

After review of the required THCIC claim submission data criteria, JPSH has amended their reporting criteria to include previously omitted closed accounts and align with THCIC requirements. The change will impact reported data starting 4th Quarter 2021 and may change overall reporting volume.

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PROVIDER: Medical City Weatherford-Anderson

THCIC ID: 975241

INFORMATION IS VALID

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PROVIDER: Wise Health System-Medical Center

THCIC ID: 254001

These records are correct and current as of the day that they were submitted and/or corrected. Any missing or incorrect information is due to information that was not available.

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PROVIDER: Texas Health Harris Methodist Hospital-Stephenville

THCIC ID: 256000

This data is administrative data, which hospitals collect for billing purposes.

Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit inpatient claims, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes, however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

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Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

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Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Azle recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Texas Health Presbyterian Hospital-Kaufman

THCIC ID: 303000

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter. The state requires us to submit inpatient claims, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge. If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes, however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

Length of Stay

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Admit Source data for Normal Newborn

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Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Azle recommends use of ICD10 coding data to identify neonates. This methodology

will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

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collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

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The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

Discharge Disposition

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PROVIDER: DeTar Hospital-Navarro

THCIC ID: 453000

For DeTar Hospital Navarro's Inpatient Claims, there were 1,487 claims received and processed during 3rd Quarter, 2021. All data was reviewed and corrected by the facility as deemed necessary with exception of one claim. This claim errored out due to a manifest diagnosis code being used as the Admitting Diagnosis Code. This was unable to be corrected by the Corporate Coders prior to the reporting deadline.

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PROVIDER: Texas Health Harris Methodist Hospital-Southwest Fort Worth

THCIC ID: 627000

Data Content

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If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes, however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

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for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes.

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Race/Ethnicity

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PROVIDER: Seton Medical Center Harker Heights

THCIC ID: 971000

Certify IP Q3 2021 - (Removed by THCIC)

*Potential confidential information removed by THCIC.

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PROVIDER: Texas Health Seay Behavioral Health Hospital

THCIC ID: 720000

Data Content

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and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

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Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

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Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

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Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: South Texas Surgical Hospital

THCIC ID: 931000

all corrections have been done

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PROVIDER: Corpus Christi Medical Center-Doctors Regional

THCIC ID: 703002

ERROR RELATED TO PHYSICIAN NAME INTERFACE ISSUES

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PROVIDER: Las Palmas Medical Center

THCIC ID: 180000

This data is submitted in an effort to meet statutory requirements. It is administrative data not clinical data and is utilized for billing and administrative decisions at a facility level and transparency level with state entities. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error.

It should be noted that charges are not equal to actual payments received by the facility or facility costs for performing the services. Most errors corrected are country codes/missing patient country utilized for patients with addressing Mexico due to our geographic location.

There are 5 fatal errors for this quarter under categories of newborn with birth date not within 3 days of admission date, admission type, and invalid point of admission source that were not corrected due to lack of resources at the current certification timeline.

There were also warning errors not corrected under categories of invalid attending practitioner name match and invalid operating practitioner due to entry of data not done timely prior to submission of data. Resource correction is limited prior to submission of data. The overall error rate is decreasing however as resources are brought on to assist.

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PROVIDER: Encompass Health Rehab Hospital Pearland
THCIC ID: 975246

Unable to verify or correct SSN errors, information is not always provided.

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PROVIDER: HCA Houston Healthcare North Cypress
THCIC ID: 975321

corrections made to the best of our ability at the time of certification.

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PROVIDER: Ascension Seton Smithville
THCIC ID: 424500

"All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements 0 errors on 55 inpatient claims were unable to be corrected prior to certification. "

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PROVIDER: Ascension Seton Medical Center

THCIC ID: 497000

"Seton Medical Center Austin has a transplant program and Neonatal Intensive Care Unit (NICU). Hospitals with transplant programs generally serve a more seriously ill patient, increasing costs and mortality rates. The NICU serves very seriously ill infants substantially increasing cost, lengths of stay and mortality rates. As a regional referral center and tertiary care hospital for cardiac and critical care services, Seton Medical Center Austin receives numerous transfers from hospitals not able to serve a more complex mix of patients. This increased patient complexity may lead to longer lengths of stay, higher costs and increased mortality. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC

Practitioner Reference Files. These data are submitted by the hospital as their

best effort to meet statutory requirements. 11 errors on 6296 inpatient claims (representing only 0.001% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Physician 1 (11) errors due to missing information."

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PROVIDER: Texas Health Springwood Behavioral Health Hospital

THCIC ID: 778000

Data Content

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Diagnosis and Procedures

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Discharge Disposition

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PROVIDER: DeTar Hospital-North

THCIC ID: 453001

DeTar Hospital North processed a total of 765 Inpatient Claims for 3rd Quarter, 2021 and corrected those claims that errored out. There were two inpatient claims that was not corrected prior to the filing deadline which involved duplicate diagnosis codes. The hospital's coding manager was made aware of the errors.

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PROVIDER: Texas Health Presbyterian Hospital-Plano

THCIC ID: 664000

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit inpatient claims, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes, however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the

physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes.

As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Admit Source data for Normal Newborn

When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source.

Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify

neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Dell Seton Medical Center at The University of Texas

THCIC ID: 975215

"As the public teaching hospital in Austin and Travis County, Dell Seton Medical Center at The University of Texas (DSMCUT) serves patients who are often unable to access primary care. It is more likely that these patients will present in the later more complex stage of their disease. It is also a regional referral center, receiving patient transfers from hospitals not able to serve a complex mix of patients. Treatment of these very complex, seriously ill patients increases the hospital's cost of care, length of stay and mortality rates. As the Regional Level I Trauma Center, DSMCUT serves severely injured patients. Lengths of stay and mortality rates are most appropriately compared to other trauma centers .All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements."

25 errors on 2720 inpatient claims (representing only [0.009]% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Patient country (1) due to missing information, SSN (11) due to incomplete/inaccurate information, Ethnicity (1) due to incorrect mapping, Zip code (1) due to incorrect information received, Race (1)due to incorrect mapping, Physician 2 (1) here is no where to enter comment in system 13, NPI was entered correctly and Physician 1 (9) missing information."

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PROVIDER: UT Southwestern University Hospital-Clements Psych

THCIC ID: 448002

No Errors

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PROVIDER: UT Southwestern University Hospital-Zale Lipshy Rehab

THCIC ID: 653003

E618 & E617 Prin Procedure Date or Other Procedure Dates >3 day Before Admit or After Statement thru Date - Unable to change/Dates are Correct

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PROVIDER: John Peter Smith Hospital

THCIC ID: 409000

John Peter Smith Hospital (JPSH) is operated by JPS Health Network under the auspices of the Tarrant County Hospital District. The JPS Health Network is accredited by the Joint Commission. In addition, JPSH holds Joint Commission accreditation as a hospital.

JPSH is the only Texas Department of Health certified Level I Trauma Center in Tarrant County and includes the only psychiatric emergency center in the county. The hospital's services include intensive care for adults and newborns, an AIDS treatment center, a full range of obstetrical and gynecological services, adult inpatient care and an inpatient mental health treatment facility.

JPSH is a major teaching hospital offering, or providing through co-operative arrangements, postdoctoral training in orthopedics, obstetrics and gynecology, psychiatry, surgery, oral and maxillofacial surgery, radiology, sports medicine, podiatry and pharmacy. The family medicine residency is the largest hospital-based family medicine residency program in the nation.

In addition to JPSH, the JPS Health Network operates community health centers located in medically underserved areas of Tarrant County; school-based health clinics; outpatient programs for pregnant women, behavioral health and cancer patients; and a wide range of wellness education programs.

JPSH has confirmed that for errors related to "Other Procedure Date must be on or after the 3rd day before the Admission Date", patient was in observation status at the time of the procedure. Procedure date and time are accurate based on when the procedure was completed.

After review of the required THCIC claim submission data criteria, JPSH has amended their reporting criteria to include previously omitted closed accounts and align with THCIC requirements. The change will impact reported data starting 4th Quarter 2021 and may change overall reporting volume.

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PROVIDER: UT Southwestern University Hospital-Clements University

THCIC ID: 448001

E618 & E617 - Principal Procedure Date or Other Procedure Date before Admit Date or after Statement thru Date - Unable to Change/Procedure Dates are Correct

W653 - NB Birth Date not = to Admit Date - Dates are Correct

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PROVIDER: UT Southwestern University Hospital-Zale Lipshy

THCIC ID: 653001

E618 & E618 - Prin Procedure Date or Other Procedure Dates >3 days Before Admit Date or after Statement thru Date - Unable to Change/Dates are Correct

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PROVIDER: HCA Houston Healthcare West

THCIC ID: 337001

No Errors

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PROVIDER: Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID: 784400

Baylor Scott & White Heart & Vascular Hospital Dallas

THCIC ID 784400

3rd Qtr 2021 Inpatient

Accuracy rate - 100%

No comments needed

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PROVIDER: Northeast Baptist Hospital

THCIC ID: 134001

I hereby certify on behalf of (Removed by THCIC) , CFO at Northeast Baptist Hospital.
(Removed by THCIC), Director Revenue Analysis at Northeast Baptist Hospital.

*Potential confidential information removed by THCIC.

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PROVIDER: Medical Arts Hospital

THCIC ID: 341000

Due to the sheer volume of the data and with limited resources within the hospital, I cannot properly analyze the data with 100% accuracy. But at this time we will elect to certify the data.

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PROVIDER: Baylor Scott & White Medical Center Austin

THCIC ID: 975789

Baylor Scott and White Medical Center Austin

THCIC ID 975789

3rd Qtr 2021 Inpatient

Accuracy rate - 100%

No comments needed.

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PROVIDER: Coryell Memorial Hospital

THCIC ID: 346000

The THCIC Frequency of Errors Report dated 11-5-21 showed Coryell Health had 228 inpatient claims for the 3rd quarter. The Certification Summary now shows only 176 claims. Coryell Health had 227 inpatient discharges for the third quarter of 2021.

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PROVIDER: Baylor University Medical Center

THCIC ID: 331000

Baylor University Medical Center

THCIC ID 331000

3rd Qtr 2021 Inpatient

Accuracy rate – 99.92%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand as reported

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PROVIDER: Baylor Scott & White Medical Center McKinney

THCIC ID: 971900

Baylor Scott & White Medical Center McKinney

THCIC ID 971900

3rd Qtr 2021 Inpatient

Accuracy rate – 99.76%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618, E-651.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Other Procedure Date earlier than three days before Admission Date or after

Statement Thru Date, reported as posted.

Errors will stand as reported

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PROVIDER: Baylor Scott & White The Heart Hospital McKinney

THCIC ID: 975385

Baylor Scott & White The Heart Hospital McKinney

THCIC ID 975385

3rd Qtr 2021 – Inpatient

Accuracy rate – 100%

No comments needed

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PROVIDER: Texas Health Hospital Frisco

THCIC ID: 975783

Data Content

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additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes, however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

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The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes.

As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days

will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Admit Source data for Normal Newborn

When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source.

Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Ascension Seton Bastrop

THCIC ID: 975418

"Ascension Seton Bastrop, a member of Ascension Texas, is a state of the art hospital and medical office building located along highway 71 that services residents of Bastrop and surrounding counties. The wide range of specialties and services provided include: 24 hour emergency care, inpatient services, primary care and family medicine, outpatient maternal fetal medicine, heart and vascular care including vascular imaging services, cardiac rehabilitation, outpatient neurosurgery care, outpatient respiratory services including pulmonary function tests and arterial blood gas testing, women's diagnostics services including mammography and dexa, and onsite imaging (CT, X-ray, ultrasound) and laboratory services. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements 0 errors on 45 inpatient claims were unable to be corrected prior to certification. "

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PROVIDER: Baylor Scott & White The Heart Hospital Denton

THCIC ID: 208100

Baylor Scott & White The Heart Hospital Denton

THCIC ID 208100

3rd Qtr 2021 Inpatient

Accuracy rate – 99.56%

Errors from the 3rd Quarter FER reflect the following error code E-617.

Procedure date verified in hospital system , reported as posted

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PROVIDER: Hunt Regional Medical Center Greenville

THCIC ID: 085000

Three E-618 errors - In all three cases, the patient presented to the ED, entered into Observation (Outpatient) status, and then admitted into Inpatient status. The procedures in question in each case took place while the patient was in Observation Status.

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PROVIDER: El Paso Behavioral Health System

THCIC ID: 858600

4 accounts with no charges secondary to combined Medicare billing for readmissions.

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PROVIDER: Carrollton Springs

THCIC ID: 969500

28 records are missing Social Security number which resulted in 96% accuracy.
Social security numbers for these accounts were not available during admission time.

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PROVIDER: Baylor Scott & White Medical Center Centennial

THCIC ID: 975285

Baylor Scott & White Medical Center Centennial

THCIC ID 975285

3rd Qtr 2021 Inpatient

Accuracy rate -99.83%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand as reported

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PROVIDER: Driscoll Childrens Hospital

THCIC ID: 488000

Wrong attending doctor in system has been corrected.

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PROVIDER: Del Sol Medical Center

THCIC ID: 319000

Certified with Comments

This data is submitted in an effort to meet statutory requirements. It is administrative data not clerical data and is utilized for billing and planning purposes. Conclusions drawn could be erroneous due to reporting constraints, subjectivity in assignment of codes, system mapping and normal clerical error.

Diagnostic and procedural data may be incomplete due to data field limitations. The State data file may not fully represent all diagnoses treated or all procedures performed. Race and ethnicity data may be subjectively collected and may not provide an accurate representation of the patient population for a facility. It should also be noted the changes are not equal to or actual payments received by the facility or facility costs for performing the service.

Most errors occurring are due to incorrect country codes or zip codes assigned to foreign countries, which are not recognized in the correction software. Corrections to coding data are made after coding audits by coding experts and are present after initial data is submitted to the State. All data has been corrected to the best of my ability and resources.

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PROVIDER: Texas Health Harris Methodist Hospital Southlake

THCIC ID: 812800

The Q3 2021 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type Etc. All corrections complete

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PROVIDER: CHRISTUS Dubuis Hospital Beaumont

THCIC ID: 975255

Certified as correct.

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PROVIDER: Baylor Scott & White Medical Center-Irving

THCIC ID: 300000

Baylor Scott & White Medical Center-Irving

THCIC ID 300000

3rd Qtr 2021 Inpatient

Accuracy rate – 99.87%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618,

and E-672

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Invalid service line procedure code verified, reported as posted.

Errors will stand "as reported".

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PROVIDER: Baylor Scott & White Medical Center Buda

THCIC ID: 975391

Baylor Scott & White Medical Center Buda

THCIC ID 975391

3rd Qtr 2021 Inpatient

Accuracy rate -100%

No comments needed

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PROVIDER: Baylor Scott & White McLane Childrens Medical Center

THCIC ID: 537006

Baylor Scott & White McLane Childrens Medical Center

THCIC ID 537006

3rd Qtr 2021 – Inpatient

Accuracy rate – 99.77%

Errors from the 3rd Quarter FER reflect the following error code E-618.

Principal procedure date verified in hospital system , reported as posted

Errors will stand as reported.

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PROVIDER: Texas Health Hospital Clearfork

THCIC ID: 975167

Data Content

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If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

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Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

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Discharge Disposition

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PROVIDER: Sugarland Rehab Hospital

THCIC ID: 975325

Due to an oversight in the admission and discharge process, we have 9 patients missing race and 3 missing discharge statuses.

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PROVIDER: West Oaks Hospital

THCIC ID: 755001

Any claims generated for missing information such as the social security numbers or the patient ethnicity was caused by a system issue, the interfacing between internal system and the THCIC system. This did not affect the quality or accuracy of services provided, nor does this accurately represent the clinical details of an encounter.

Any claims that were for NPI Invalid Physician license numbers have been validated with the physician and the hospital credentialing source. The claims continue to populate invalid NPI and will have to be manually inputted until the correction is made.

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PROVIDER: Doctors Hospital-Laredo

THCIC ID: 301000

99% Accuracy due to pending availability of data for corrections.

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PROVIDER: Ascension Seton Edgar B Davis

THCIC ID: 597000

"Seton Edgar B. Davis, a member of the Seton Family of Hospitals, is a general acute care, 25-bed facility committed to providing quality inpatient and outpatient services for residents of Caldwell and surrounding counties. Seton Edgar B. Davis offers health education and wellness programs. In addition, specialists offer a number of outpatient specialty clinics providing area residents local access to the services of medical specialists. Seton Edgar B.

Davis is located at 130 Hays St. in Luling, Texas. This facility is designated by the Center for Medicare & Medicaid Services as a Critical Access Hospital and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations under its Critical Access program. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 0 errors on 148 inpatient claims were unable to be corrected prior to certification. "

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PROVIDER: Texas Health Harris Methodist HEB

THCIC ID: 182000

Data Content

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PROVIDER: Baylor Scott & White Continuing Care Hospital
THCIC ID: 850300

Baylor Scott & White Continuing Care Hospital
THCIC ID 850300
3rd Qtr 2021 Inpatient
Accuracy rate - 100%
No comments needed

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PROVIDER: Texas Health Presbyterian Hospital Flower Mound
THCIC ID: 943000

The Q3 2021 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type Etc. All corrections complete

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PROVIDER: Texas Health Harris Methodist Hospital Azle

THCIC ID: 469000

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PROVIDER: North Runnels Hospital

THCIC ID: 151000

2021 Q3 data is being "Certified with Comments". In the timeframe for corrections, all staff involved with THCIC were either out with COVID, covering other departments or no longer employed with North Runnels Hospital. The errors that were not corrected includes missing diagnosis and invalid revenue procedure code for 2 admissions.

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PROVIDER: Encompass Health Rehab Hospital The Mid-Cities

THCIC ID: 700003

I am certified that the data that I submitted is accurate and correct to the best of my knowledge.

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PROVIDER: Baylor Scott & White Medical Center Round Rock

THCIC ID: 852600

Baylor Scott & White Medical Center Round Rock

THCIC ID 852600

3rd Qtr 2021 - Inpatient

Accuracy rate - 99.94%

Errors from the 3rd Quarter FER reflect the following error code E-618.

Principal procedure date verified in hospital system , reported as posted

Errors will stand as reported.

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PROVIDER: Texas Health Harris Methodist Hospital-Fort Worth

THCIC ID: 235000

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PROVIDER: Texas Health Specialty Hospital-Fort Worth

THCIC ID: 652000

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PROVIDER: Wilbarger General Hospital

THCIC ID: 084000

I have reviewed the Certification Summary

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PROVIDER: Premier Specialty Hospital of El Paso

THCIC ID: 701000

certify with no errors

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PROVIDER: Harlingen Medical Center

THCIC ID: 788002

THCIC system didn't allow us to correct charge errors on our 3 q 2021 inpatient data for unknown reason

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PROVIDER: UT Health East Texas Henderson Hospital
THCIC ID: 975295

No errors

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PROVIDER: Texas Health Harris Methodist Hospital Alliance
THCIC ID: 972900

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PROVIDER: Womens Hospital-Renaissance

THCIC ID: 797101

Value Code Error will be corrected in the future.

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PROVIDER: Ascension Seton Southwest

THCIC ID: 797500

"All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements 0 errors on 180 inpatient claims were unable to be corrected prior to certification. "

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PROVIDER: Texas Health Presbyterian Hospital-Denton

THCIC ID: 820800

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The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes.

As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Admit Source data for Normal Newborn

When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source.

Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Baylor Scott & White Medical Center Waxahachie

THCIC ID: 285000

Baylor Scott & White Medical Center Waxahachie

THCIC ID 285000

3rd Qtr 2021 – Inpatient

Accuracy rate – 99.95%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand as reported

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PROVIDER: Baylor Scott & White The Heart Hospital Plano

THCIC ID: 844000

Baylor Scott & White The Heart Hospital Plano

THCIC ID 844000

3rd Qtr 2021 Inpatient

Accuracy rate -- 100%

No comments needed

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PROVIDER: Resolute Health

THCIC ID: 973850

Errors were invalid admission source and E-Code qualifiers. Errors not corrected due to higher than 99% accuracy rate.

=====

PROVIDER: Baylor Scott & White Medical Center Temple

THCIC ID: 537000

Baylor Scott & White Medical Center Temple

THCIC ID 537000

2nd Qtr 2021 – Inpatient

Accuracy rate –99.69%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand as reported

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PROVIDER: Mesa Springs

THCIC ID: 973430

The 3rd Qtr. 2021 data for ethnicity is incorrect. We are working on our system to be able to accurately report this statistic.

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PROVIDER: The Hospitals of Providence Sierra Campus

THCIC ID: 266000

No comments needed

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PROVIDER: Baylor Scott & White Medical Center Lake Pointe

THCIC ID: 975286

Baylor Scott & White Medical Center Lake Point

THCIC ID 975286

3rd Qtr 2021 Inpatient

Accuracy rate - 99.87%

Errors from the 3rd Quarter FER reflect the following error code E-618.

Principal procedure date verified in hospital system , reported as posted

Errors will stand as reported.

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PROVIDER: Baylor Scott & White Medical Center Taylor

THCIC ID: 044000

Baylor Scott & White Medical Center Taylor

THCIC ID 044000

3rd Qtr 2021 - Inpatient

Accuracy rate - 98.71%

Errors from the 3rd Quarter FER reflect the following error code E-617.

Procedure date verified in hospital system , reported as posted

Errors will stand as reported

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PROVIDER: Northwest Hills Surgical Hospital

THCIC ID: 794000

103 claims submitted, with 99% accuracy. Facility unable to correct errors within the appropriate timeframe.

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PROVIDER: Texas Health Presbyterian Hospital Allen

THCIC ID: 724200

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit inpatient claims, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes, however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an

infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

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Length of Stay

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Admit Source data for Normal Newborn

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Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our

admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Texas Health Arlington Memorial Hospital

THCIC ID: 422000

Data Content

This data is administrative data, which hospitals collect for billing purposes.

Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit inpatient claims, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data

elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes, however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization.

For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data

file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes. As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

Length of Stay

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Admit Source data for Normal Newborn

When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source. Therefore, admission source does not always give an accurate picture.

If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information. Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

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Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and

denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Baylor Scott & White Medical Center-Grapevine
THCIC ID: 513000

Baylor Scott & White Medical Center-Grapevine
THCIC ID 513000

3rd Qtr 2021 Inpatient

Accuracy rate – 99.90%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand as reported

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PROVIDER: Cook Childrens Medical Center
THCIC ID: 332000

Cook Children's Medical Center has submitted and certified THIRD QUARTER 2021 inpatient, outpatient surgery and outpatient radiology encounters to the Texas Health Care Information Council with the following possible data concerns based on the required submission method.

Since our data was submitted to the State we have uncovered medical coding errors regarding the following patient conditions in 2005 and 2010 discharges:

Post-operative infections

Accidental puncture and lacerations

Post-operative wound dehiscence

Post-operative hemorrhage and hematoma

Comparative complication reports reflecting the above conditions could misstate the true conditions at Cook Children's Medical Center for the THIRD QUARTER OF 2021.

There may be some encounters will have one of the following issues:

Questionable Revenue Procedure Modifier 1

Questionable Revenue Procedure Modifier 2

These are errors that are very difficult, if not impossible to correct as that is how they are sent to the respective payers. This is especially true for modifier errors related to transport (Rev Codes 0540 & 0545). Per the following website, these modifiers appear to be legitimate:

<https://www.findacode.com/code-set.php?set=HCPCSMODA>.

Additionally, there may be outpatient encounters where there is an invalid NPI associated with the attending provider. These are most likely to be encounters in the ED where a patient was seen by a nurse in triage and charges were incurred, but left without being seen by a physician or an advanced nurse provider.

However, our overall accuracy rate is very high, so this will be a small proportion of our encounters. We will continue to work with the Revenue Cycle team to improve the accuracy of the data elements going forward. This will affect encounters for the THIRD QUARTER OF 2021

Patient charges that were accrued before admit or after discharge were systematically excluded from the database. This can happen when a patient is pre-admitted and incurs charges to their encounter before their admit date or charges are discovered and added to the patient encounter after they are discharged. Therefore, the charges for many patient encounters are under reported.

The data structure allowed by THCIC erroneously assigns surgeons to surgical procedures they did not perform. The data structure provided by THCIC allows for one attending and one operating physician assignment. However, patients frequently undergo multiple surgeries where different physicians perform multiple procedures. Assigning all of those procedures to a single 'operating physician' will frequently attribute surgeries to the wrong physician. THCIC chooses to only assign one surgeon to a patient encounter, not to each procedure.

Furthermore, the data structure established by THCIC allows for a limited number of diagnoses and procedures. Patients with more than the limit for diagnoses or procedures will be missing information from the database. This is especially true in complex cases where a patient has multiple major illnesses and multiple surgeries over an extended stay.

=====

PROVIDER: Baptist Medical Center

THCIC ID: 114001

I (Removed by THCIC) Certify this on behave of (Removed by THCIC) CFO for Baptist Medical Center

*Potential confidential information removed by THCIC.

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PROVIDER: Clay County Memorial Hospital

THCIC ID: 193000

The type of data errors are unknown at this time.

The errors were unable to be corrected due to staffing shortages.

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PROVIDER: Baylor Scott & White Medical Center-Plano

THCIC ID: 814001

Baylor Scott & White Medical Center-Plano

THCIC ID 814001

3rd Qtr 2021 – Inpatient

Accuracy rate – 99.75%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand as reported

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PROVIDER: The Hospitals of Providence Transmountain Campus

THCIC ID: 975188

No comments needed.

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Longview

THCIC ID: 029000

This data is submitted in an effort to meet statutory requirements. Conclusions drawn could be erroneous due to communication difficulties in reporting complete data caused by reporting constraints, subjectivity in assignment of codes, various system mapping and normal clerical error. Data submission deadlines prevent inclusion of all applicable cases therefore this represents administrative claims data at the time of preset deadlines. Diagnostic and procedural data may be incomplete due to data field limitations. Data should be cautiously used to evaluate health care quality and compare outcomes.

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PROVIDER: Laredo Medical Center

THCIC ID: 207001

Provider names do not match NPI Registry.

No Provider available for claim

Claim not coded yet

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PROVIDER: Montgomery County Mental Health Treatment Facility

THCIC ID: 100087

There are no patients less than 1 year of age for 3rd Quarter for MCMHTF.

Claim #(Removed by THCIC) from August 2021 will be counted in 4th Quarter Inpatient Encounters.

*Potential confidential information removed by THCIC.

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PROVIDER: Baylor Scott & White Hospital-Brenham

THCIC ID: 066000

Baylor Scott & White Hospital-Brenham

THCIC ID 066000

3rd Qtr 2021 Inpatient

Accuracy rate -100%

No comments needed

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PROVIDER: Baylor Scott & White Hospital College Station

THCIC ID: 206100

Baylor Scott & White Hospital College Station

THCIC ID 206100

3rd Qtr 2021 Inpatient

Accuracy rate - 99.88%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand as reported

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PROVIDER: Perimeter Behavioral Hospital of Arlington

THCIC ID: 975388

The Revenue Code and First Service Line was not corrected because the information was missed during the correction period.

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PROVIDER: Hamilton General Hospital

THCIC ID: 640000

All data reviewed for accuracy as of 2/7/2022.

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PROVIDER: The Hospitals of Providence Memorial Campus

THCIC ID: 130000

No comments required

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PROVIDER: Baylor Scott & White Medical Center Marble Falls

THCIC ID: 974940

Baylor Scott & White Medical Center Marble Falls

THCIC ID 974940

3rd Qtr 2021 Inpatient

Accuracy rate -- 100%

No comments needed

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PROVIDER: Midland Memorial Hospital

THCIC ID: 452000

One claim contained error on the newborn admission type, which was identified and corrected. This correction was resolved after the corrections period and is still considered as error from our initial upload. The System 13 accuracy level remains 99%.

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PROVIDER: Ascension Seton Northwest

THCIC ID: 797600

"All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files These data are submitted by the hospital as their best effort to meet statutory requirements. 10 errors on 1777 inpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in

some cases the errors are not resolvable. Patient State (2) due to missing and inaccurate information. Missing Zip (2) due to missing and inaccurate information. Invalid Patient SSN (2) due to missing and inaccurate information. Invalid Patient Ethnicity (2) due to missing and inaccurate information. Invalid Patient Race (2) due to missing information. "

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PROVIDER: CHRISTUS Good Shepherd Medical Center-Marshall

THCIC ID: 020000

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PROVIDER: Texas Health Heart & Vascular Hospital

THCIC ID: 730001

Data Content

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not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source.

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As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

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The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: Ascension Seton Williamson

THCIC ID: 861700

"All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 1 error on 1964 inpatient claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases, the errors are not resolvable. Missing Patient Country errors x1 were due to missing information."

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PROVIDER: Texas Health Harris Methodist Hospital Cleburne

THCIC ID: 323000

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit inpatient claims, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes, however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the

physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

The codes are assigned based on documentation in the patient's chart and are used by hospitals for billing purposes. The hospital can code up to 99 diagnoses and 99 procedures for each patient record. The state is requiring us to submit ICD-10-CM data on each patient but has limited the number of diagnoses and procedures to the first 25 diagnoses codes and the first 25 procedure codes.

As a result, the data sent by us does meet state requirements but cannot reflect all the codes an individual patient's record may have been assigned. This means also that true total volumes may not be represented by the state's data file, which therefore make percentage calculations inaccurate (i.e. mortality percentages for any given diagnosis or procedure, percentage of patients in each severity of illness category). It would be obvious; therefore, those sicker patients (more diagnoses and procedures) are less accurately reflected by the 837 format. It then stands to reason that hospitals, which treat sicker patients, are likewise less accurately reflected.

Length of Stay

The length of stay data element contained in the state's certification file is only three characters long. Thus, any patients discharged with a length of stay greater than 999 days will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Admit Source data for Normal Newborn

When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source.

Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify

neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

Therefore, depending on the circumstances of the patient's admission, race and ethnicity data may be subjectively collected. Therefore, the race and ethnicity data may not provide an accurate representation of the patient population for a facility.

Standard/Non-Standard Source of Payment

The standard and non-standard source of payment codes are an example of data required by the state that is not contained within the standard UB92 billing record. In order to meet this requirement, each payer identifier must be categorized into the appropriate standard and non-standard source of payment value. These values might not accurately reflect the hospital payer information, because those payers identified contractually as both 'HMO, and PPO' are categorized as 'Commercial PPO'. Thus, any true managed care comparisons by contract type (HMO vs. PPO) may result in inaccurate analysis.

Cost/ Revenue Codes

The state requires that hospitals submit revenue information including charges. It is important to note that charges are not equal to actual payments received by the hospital or hospital cost for performing the service. Typically, actual payments are much less than charges due to managed care-negotiated discounts and denial of payment by insurance companies. Charges also do not reflect the actual cost to deliver the care that each patient needs.

Discharge Disposition

THR has identified a problem with a vendor (Siemens) extract that diverts some patient discharges to "home" as opposed to rehab. THR will communicate this issue and the plan to address this issue in writing to the THCIC Executive Director.

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PROVIDER: University Medical Center of El Paso-Alameda

THCIC ID: 263000

In this database only one primary physician is allowed. This represents the physician at discharge in this institution. At an academic medical center such as University Medical Center of El Paso, patients are cared for by teams of physicians who rotate at varying intervals. Therefore, many patients, particularly long term patients may actually be managed by several different teams. The practice of attributing patient outcomes in the database to a single physician may result in inaccurate information. Through performance improvement process, we review the data and strive to make changes to result in improvement.

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PROVIDER: Memorial Medical Center

THCIC ID: 487000

We have corrected these to the best of our ability

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PROVIDER: Texas Health Hospital Rockwall

THCIC ID: 859900

The Q3 2021 All Data/information in these files contain accurate data in areas such as Coding, Admissions, Diagnostic, & Bill Type Etc. All corrections complete

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PROVIDER: Dell Childrens Medical Center

THCIC ID: 852000

Dell Children's Medical Center of Central Texas (DCMCCT) is the only children's hospital in the Central Texas Region. DCMCCT serves severely ill and/or injured children requiring intensive resources which increase the hospital's costs of care, lengths of stay and mortality rates. In addition, the hospital includes a Neonatal Intensive Care Unit (NICU) which serves

very seriously ill infants, which substantially increases costs of care, lengths of stay and mortality rates. All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements.

7 errors on 2250 inpatient claims (representing only [0.003]% of claims) were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. Admission type errors (7) were due to incorrect code mappings

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PROVIDER: Martin County Hospital District

THCIC ID: 388000

ERRORS WERE CORRECTED AND EDUCATION WAS PROVIDED

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PROVIDER: St Marks Medical Center

THCIC ID: 823400

All data as accurate as the information captured while the patient presented.

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PROVIDER: Baylor Scott & White All Saints Medical Center-Fort Worth

THCIC ID: 363000

Baylor Scott & White All Saints Medical Center-Fort Worth

THCIC ID 363000

3rd Qtr 2021 Inpatient

Accuracy rate – 99.90%

Errors from the 3rd Quarter FER reflect the following error codes E-617, E-618.

Procedure date verified in hospital system , reported as posted

Principal procedure date verified in hospital system , reported as posted

Errors will stand as reported

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PROVIDER: Baylor Scott & White Medical Center Pflugerville

THCIC ID: 975340

Baylor Scott & White Medical Center Pflugerville

THCIC ID 975340

3rd Qtr 2021 Inpatient

Accuracy rate –100%

No comments needed

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PROVIDER: Texas Health Presbyterian Hospital Dallas

THCIC ID: 431000

Data Content

This data is administrative data, which hospitals collect for billing purposes. Administrative data may not accurately represent the clinical details of an encounter.

The state requires us to submit inpatient claims, by quarter year, gathered from a form called an UB92, in a standard government format called HCFA 837 EDI electronic claim format. Then the state specifications require additional data elements to be included over and above that. Adding those additional data places programming burdens on the hospital since it is 'over and above' the actual hospital billing process. Errors can occur due to this

additional programming, but the public should not conclude that billing data sent to our payers is inaccurate. These errors have been corrected to the best of our knowledge.

If a medical record is unavailable for coding the encounter is not billed and is not included in the data submission. This represents a rare event that is less than 1% of the encounter volume.

Diagnosis and Procedures

Patient diagnoses and procedures for a particular hospital stay are coded by the hospital using a universal standard called the International Classification of Disease, or ICD-10-CM. This is mandated by the federal government. The hospital complies with the guidelines for assigning these diagnosis codes, however, this is often driven by physician's subjective criteria for defining a diagnosis. For example, while one physician may diagnose a patient with anemia when the patient's blood hemoglobin level falls below 9.5, another physician may not diagnose the patient with anemia until their blood hemoglobin level is below 9.0. In both situations, a diagnosis of anemia is correctly assigned, but the criteria used by the physician to determine that diagnosis was different. An 'apples to apples' comparison cannot be made, which makes it difficult to obtain an accurate comparison of hospital or physician performance.

The codes also do not distinguish between conditions present at the time of the patient's admission to the hospital and those occurring during hospitalization. For example, if a code indicating an infection is made, it is not always possible to determine if the patient had an infection prior to admission or developed an infection during their hospitalization. This makes it difficult to obtain accurate information regarding things such as complication rates.

The data submitted matches the state's reporting requirements but may be incomplete due to a limitation on the number of diagnoses and procedures the state allows us to include for each patient. In other words, the state's data file may not fully represent all diagnoses treated by the hospital or all procedures performed, which can alter the true picture of a patient's hospitalization, sometimes significantly.

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Length of Stay

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will not be accurately stored within the certification database. It is rare that patients stay longer than 999 days, therefore, it is not anticipated that this limitation will affect this data.

Admit Source data for Normal Newborn

When the Admit type is equal to 'newborn', the admit source should indicate whether the baby was a normal newborn, premature delivery, sick baby, extramural birth, or information not available. The best way to focus on severity of illness regarding an infant would be to check the infant's diagnosis at discharge, not the admitting source code. Many hospital information systems and registration process defaults to 'normal delivery' as the admission source.

Therefore, admission source does not always give an accurate picture. If admission source is used to examine length of stay or mortality for normal neonates using the admit source to identify the cases, the data will reflect premature and sick babies mixed in with the normal newborn data. Texas Health Allen recommends use of ICD10 coding data to identify neonates. This methodology will ensure correct identification of the clinical status of the newborn admission.

Race/Ethnicity

As of the December 7, 2001, the THCIC Board indicated that they would be creating guidelines for use by hospitals. These guidelines will provide better clarity for the accurate collection of this data. Hospitals do not routinely collect race and ethnicity as part of the admission process, that this has been added to meet the THCIC requirement. Our admissions staff indicates that many patients are very sensitive about providing race and ethnicity information.

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Discharge Disposition

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PROVIDER: Ascension Seton Hays

THCIC ID: 921000

"All physician license numbers and names have been validated with the Physician and the Texas State Board of Medical Examiner website as accurate but some remain unidentified in the THCIC Practitioner Reference Files. These data are submitted by the hospital as their best effort to meet statutory requirements. 7 errors on 2493 inpatient claims (representing only 0.002%) of claims were unable to be corrected prior to certification. The primary resources with user permissions that can technically resolve the data errors do not have the expertise to resolve all errors; and in some cases the errors are not resolvable. SSN number errors (6) were due to incomplete or inaccurate information entered. physician 2 (1) there is no where to enter comment in system 13, NPI was entered correctly"

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PROVIDER: Medical Center Hospital

THCIC ID: 181000

One account had manifest diagnosis codes in error